Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10828439

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TO	OTAL CLAIMS		8		,			RATE	FEE	1	RATE	FEE
FC)R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	jl mir	nus 20=	· O			X\$ 9=		OR	X\$18=	
INE	EPENDENT C	LAIMS	6 mi	nus 3 =	3			X43=		OR	X86=	258
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT			Ø.		+145=		OR	+290=	290
* If	the difference	in column 1 is	less than ze	than zero, enter "0" in column			ľ	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								•			OTHER	
(Column 1)			(Colum HIGHE			(Column 3)) 7 -	SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	
	Independent	*	Minus			=] [X43=		OR	X86=	
Ľ	FIRST PRESE	NTATION OF MU	JETIPLE DEF	PENDENT	CLAIM		ا لا	+145=		OR	+290=	
		L	TOTAL		OR	TOTAL ADDIT, FEE						
			ADDIT. FEE		,	ADDII. FEE						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colun HIGHI NUME PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u>	1	X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM		┛┋	+145=		OR	+290=	
			_ 	TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE					
	•	(Column 1)		(Colum	nn 2)	n 2) (Column 3)			٠.			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER . BUSLY	PRESENT EXTRA	$\Big] \Big[$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	<u> </u>			=	1	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT. FEE	
		nber Previously Pai					er four	nd in the app	ropriate box	in col	umn 1.	